

State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

2006 AP 26 PM 2: 31

(CFA-4) Summary Sheet

FILE NUMBER

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

**TOTAL PAGES IN ENTIRE CFA-4 REPORT** 

IS THIS AN AMENDMENT? Yes No	Del a Jac	100 Y.U.	DOMED DATE	MISCON PRICE CONTACT
COMMITTEE INFORMATION				
Full Name of Committee (as on Statement of Organization)  Check if this is a new	name	re gna s	RIGITALIST	PHE TAICHER
Nick Boland for School Board	3	216A 2	STARBORS	
2. Acronym or Abbreviated Name (if any)	3. Comm	ittee Telep	hone Number	11711
distributed and committee and the sequence of the sequence of the settle and the security of t	(31	518	77-6	,424
4. Mailing Address (address where all campaign finance correspondence is received)  20 556 Country Lake Blud	theck if this	is a new a	ddress	the scar beautiful for
5. City, State, ZIP Code	6. Party /	Affiliation (	if applicable)	
Noblesville, IN 46062	1	SA		
CANDIDATE INFORMATION (For Candidate's C		THE RESERVE AND DESCRIPTION OF THE PERSON NAMED IN		
7. Full Name of Candidate (include any nickname)	8. Party	Affiliation o	r If Independe	nt Candidate
Nick Boland	N	A	0 10 10 10 10	
9. Office Sought (Include district number, if any. Not required for exploratory committee.)		ty of Resid		
Noblesville School Board	H	ami		W 044101047770 044 W
TYPE OF REPORT			THE RESERVOIS	IN CANDIDATES ONLY
11. Check one:  Pre-Primary Pre-Election Annual Nomination Other		AD IDM	Check one:	vention
The state of the second st	10		Post-Cor	
Final/Disbands Committee (lines 18, 19, and 20 must be "0") Utgoing Treasurer (within 10 days amend Statement	or Organization)			
12. Reporting Period:	1010 0110		UMN A Period	COLUMN B Year to Date
From: 4/24/206 Through: 4/26/2006		11110		
Cash on hand and investments at the beginning of this reporting period.      Cash on hand and investments January 1, current year.		Name and Address of the Owner, where		
CONTRIBUTIONS AND RECEIPTS	and the same			
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)				
15a. Itemized (use Schedule A)	ont It sets	125	53,20	1253,20
15b. Unitemized				
15c. Add lines 15a and 15b in both columns SUB	TOTAL	125	3,20	(253,20
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B	TOTAL	125	53,20	1253,20
EXPENDITURES				
(Note: These amounts include in-kind expenditures and loan repayments.)				
17a. Itemized (use Schedule B) (Public Question: use Schedule C)	1 20 E E	125	3.20	1253.20
17b. Unitemized	only on the	o A Trainit	bass instruc	My more your worker
17c. Add lines 17a and 17b in both columns	BTOTAL	125	3,20	1253.20
	SIOIAL			
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)	TOTAL		Ø	\$
18. Cash on hand and investments at dose of this reporting period (subtract 1/c from 16 in both columns)  19. Debts OWED BY the committee (use Schedule D)			Ø	\$
			Ø	\$

Signature on File



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

## (CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

FILE NUMBER				
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Page	of	UAIA		

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS	COLUMN B CUMULATIVE	DATE RECEIVED
(street, number, city, state, ZIP code)	THE PERSON NAMED IN COLUMN	PERIOD	YEAR-TO-DATE	RECEIVED BY
Nick Boland 20556 Country Lake Blid	Contributions:  Direct In-Kind (describe)	(253.20	(253,20	4/26/
20338 Colony 2007	Other Receipts:  Interest Loan  Misc. (specify)	ni emerce holide	entest Training	MITMATE WINE
Contributor's Occupation (if required)	ver a aban our con is	abiviba you lo r	cusquoco orti 15	UPATION: Ent
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Contributor's Occupation (if required)			boned grather	nus for this rape
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Contributor's Occupation (if required)	State of Call on the	of settle this fig.	A sluberoi2 no	espagilla to smu
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Contributor's Occupation (if required)				
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State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

## (CFA-4 SCHEDULE A-2) CONTRIBUTIONS BY CORPORATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY CORPORATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from corporations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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#### (CFA-4 SCHEDULE A-3) CONTRIBUTIONS BY LABOR ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY LABOR ORGANIZATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from labor organizations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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	CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
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# (CFA-4 SCHEDULE A-4) CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from political action committees OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers-in an in-kind contributions regardless of amount from political action committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

#### (CFA-4 SCHEDULE A-5) CONTRIBUTIONS BY OTHER ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY ORGANIZATIONS OTHER THAN CORPORATIONS, LABOR ORGANIZATIONS, POLITICAL ACTION COMMITTEES AND INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from other entities OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of amount from candidate's, legislative caucus, and regular party committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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	CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
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State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14

## (CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

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RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
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State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. All cumulative expenses or transfers-out, regardless of amount paid to political committees supporting or opposing a public question, MUST be itemized on this schedule.

# (CFA-4 SCHEDULE C) ITEMIZED EXPENDITURES For Public Questions

Page		aid to political committees supporting or opposing a public question, MUST be itemized on this schedule.				
PUBLIC QUESTION INFORMATION  Enter Text of Public Question  Type of Question: Statewide Opposed  RECIPIENTS NAME AND MALING ADDRESS (street, number, city, state; ZIP code)  Code Opposed  RECIPIENTS OCCUPATION PURPOSE (be specific) of linking Purpose Company (State, ZIP code)  Code Opposed  RECIPIENTS OCCUPATION PURPOSE (be specific) of linking Purpose Company (State, ZIP code)  Code Opposed Opposed  RECIPIENTS OCCUPATION PURPOSE (be specific) of linking Purpose Company (State, ZIP code)  Code Opposed Oppo				had <del>no cons</del>	Page	of
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State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

## (CFA-4 SCHEDULE D) DEBTS OWED BY THIS COMMITTEE

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, OWED BY the committee during the reporting period. Include all amounts owed for or to lend institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

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# (CFA-4 SCHEDULE E) DEBTS OWED TO THIS COMMITTEE

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, OWED TO the committee during the reporting period. Include all amounts the committee has loaned to others.

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BORROWER'S NAME & MAILING ADDRESS (street, number, city, state, ZIP code)	CO-SIGNER'S NAME & MAILING ADDRESS (if any)	ORIGINAL AMOUNT	DATE DEBT	CUMULATIVE PAID	OUTSTANDING BALANCE THIS
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